

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

New Trier Democratic Org-Fed

ADDRESS (number and street)

800 Oak

☐Check if different
than previously
reported. (ACC)

Winnetka

IL

60093

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00422519

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☐July 15
Quarterly Report (Q2)☒October 15
Quarterly Report (Q3)☐January 31
Quarterly Report (YE)☐July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

07

01

2006

through

09

30

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Marvin Miller

Signature of Treasurer

Electronically Filed by Marvin Miller

Date

05

24

2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
New TrierDemocratic Org-Fed

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1		0.00
(b) Cash on Hand at Beginning of Reporting Period	11151.86	
(c) Total Receipts (from Line 19)	30495.00	43330.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	41646.86	43330.00
7. Total Disbursements (from Line 31)	15547.38	17230.52
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	26099.48	26099.48
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

New TrierDemocratic Org-Fed

Report Covering the Period:

From:

M M
0 7D D
0 1Y Y Y Y
2 0 0 6

To:

M M
0 9D D
3 0Y Y Y Y
2 0 0 6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	23425.00	34425.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	6570.00	8405.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	29995.00	42830.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	500.00	500.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➡	30495.00	43330.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	30495.00	43330.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	30495.00	43330.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12359.83	12859.83
24. Independent Expenditure (use Schedule E)	3017.07	4200.21
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	170.48	170.48
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	15547.38	17230.52
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	15547.38	17230.52

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	30495.00	43330.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	30495.00	43330.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 / 53

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New TrierDemocratic Org-Fed

A. Full Name (Last, First, Middle Initial) Fred Axley		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 5 / 2 0 0 6
Mailing Address 112 Lawndale		Transaction ID: SA11A1.4959
City Wilmette	State IL	Zip Code 60091
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer retired	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

B. Full Name (Last, First, Middle Initial) Frank Ballentine		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 8 / 2 0 0 6
Mailing Address 804 Tower Rd		Transaction ID: SA11A1.4650
City Winnetka	State IL	Zip Code 60093
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Sachnoff & Weaver	Occupation Attny	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C. Full Name (Last, First, Middle Initial) Frank Ballentine		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 804 Tower Rd		Transaction ID: SA11A1.4880
City Winnetka	State IL	Zip Code 60093
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer Sachnoff & Weaver	Occupation Attny	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

SUBTOTAL of Receipts This Page (optional)

775.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 / 53

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New TrierDemocratic Org-Fed

A. Full Name (Last, First, Middle Initial)

Edward Bancroft

Mailing Address 860 Summit

City State Zip Code
 Winnetka IL 60093

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bancroft Consulting

Occupation
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 5 / 2 0 0 6

Transaction ID: SA11A1.4818

Amount of Each Receipt this Period

350.00

B. Full Name (Last, First, Middle Initial)

Elizabeth Bankhoff

Mailing Address 2106 Elmwood

City State Zip Code
 Wilmette IL 60091

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 5 / 2 0 0 6

Transaction ID: SA11A1.4820

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Lorraine Barba

Mailing Address 240 Woodstock Ave

City State Zip Code
 Kenilworth IL 60043

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 5 / 2 0 0 6

Transaction ID: SA11A1.4823

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 53

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New TrierDemocratic Org-Fed

A. Full Name (Last, First, Middle Initial) Harriet Bayer Mailing Address 1214 Carol Ln City State Zip Code Glencoe IL 60022 FEC ID number of contributing federal political committee. C Name of Employer Retired Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6 Transaction ID: SA11A1.4976 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Ron & Sandra Berliant Mailing Address 530 Knox City State Zip Code Wilmette IL 60091 FEC ID number of contributing federal political committee. C Name of Employer Retired Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6 Transaction ID: SA11A1.4814 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Joan S Berman Mailing Address 265 Beach Rd City State Zip Code Glencoe IL 60022 FEC ID number of contributing federal political committee. C Name of Employer New Trier Demo Org Occupation Office Mgr Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00			Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6 Transaction ID: SA11A1.4812 Amount of Each Receipt this Period 450.00

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 53

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New TrierDemocratic Org-Fed

A. Full Name (Last, First, Middle Initial)
Robert L. Berner
Mailing Address 130 E. Randolph # 3500

City State Zip Code
Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self employed

Occupation
Attny

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
07 17 2006

Transaction ID: SA11A1.4508

Amount of Each Receipt this Period

300.00

B. Full Name (Last, First, Middle Initial)
Ruth Berns
Mailing Address 1500 Sheridan Rd.#8H

City State Zip Code
Wilmette IL 60091

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
09 13 2006

Transaction ID: SA11A1.4785

Amount of Each Receipt this Period

350.00

C. Full Name (Last, First, Middle Initial)
Stuart Bernstein
Mailing Address 1500 Sheridan Rd,Apt 3B

City State Zip Code
Wilmette IL 60091

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y
09 15 2006

Transaction ID: SA11A1.4865

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 53

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New TrierDemocratic Org-Fed

A. Full Name (Last, First, Middle Initial) Marilyn Black Mailing Address 1630 Sheridan Rd City Wilmette State IL Zip Code 60091 FEC ID number of contributing federal political committee. C Name of Employer None Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 0 / 2 0 0 6 Transaction ID: SA11A1.4881 Amount of Each Receipt this Period 450.00
B. Full Name (Last, First, Middle Initial) William A. Brandt, Jr. Mailing Address 1134 Sheridan Rd City Winnetka State IL Zip Code 60093-1538 FEC ID number of contributing federal political committee. C Name of Employer Development Special Interests Occupation Business Consultant Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 0 1 / 2 0 0 6 Transaction ID: SA11A1.4392 Amount of Each Receipt this Period 1000.00
C. Full Name (Last, First, Middle Initial) Stanton Brody Mailing Address 812 Strawberry Hill City Glencoe State IL Zip Code 60022 FEC ID number of contributing federal political committee. C Name of Employer None Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 650.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 5 / 2 0 0 6 Transaction ID: SA11A1.4866 Amount of Each Receipt this Period 350.00

SUBTOTAL of Receipts This Page (optional)

1800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 53

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New TrierDemocratic Org-Fed

A. Full Name (Last, First, Middle Initial)

Howard Carroll

Mailing Address 7250 N Cicero

City State Zip Code
 Lincolnwood IL 60712

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Attny

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 1 / 2 0 0 6

Transaction ID: SA11A1.4647

Amount of Each Receipt this Period

300.00

B. Full Name (Last, First, Middle Initial)

Robert Cleland

Mailing Address 810 Forest

City State Zip Code
 Wilmette IL 60091

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 3 / 2 0 0 6

Transaction ID: SA11A1.4900

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Carmen Corbett

Mailing Address 607 Lake Ave

City State Zip Code
 Wilmette IL 60091

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 3 / 2 0 0 6

Transaction ID: SA11A1.4787

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 53

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New TrierDemocratic Org-Fed

A. Full Name (Last, First, Middle Initial)
Judith Cottle
Mailing Address 1170 Chatfield Rd

City State Zip Code
Winnetka IL 60093

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 6

Transaction ID: SA11A1.4839

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Lila DiCanio
Mailing Address 832 Leyden Ln

City State Zip Code
Wilmette IL 60091

FEC ID number of contributing
federal political committee.

C

Name of Employer
Flower Magazine

Occupation
Publisher

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.4963

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Lawrence Domont
Mailing Address 70 Crescent Dr.

City State Zip Code
Glencoe IL 60022

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advocate Health systems

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 1 / 2 0 0 6

Transaction ID: SA11A1.4400

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 53

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New TrierDemocratic Org-Fed

A. Full Name (Last, First, Middle Initial)

Sally Domont

Mailing Address 70 Crescent Dr

City State Zip Code
 Glencoe IL 60022

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advocate Health Systems

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 5 / 2 0 0 6

Transaction ID: SA11A1.4841

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Richard & Jean Doub

Mailing Address 1500 Sheridan Rd.#3E

City State Zip Code
 Wilmette IL 60091

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 3 / 2 0 0 6

Transaction ID: SA11A1.4789

Amount of Each Receipt this Period

450.00

C. Full Name (Last, First, Middle Initial)

Robert Drucker

Mailing Address 714 Forest

City State Zip Code
 Wilmette IL 60091

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 0 / 2 0 0 6

Transaction ID: SA11A1.4500

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 53

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New TrierDemocratic Org-Fed

Full Name (Last, First, Middle Initial)

A. Arnee Eisenberg

Mailing Address 2448 Pomona Ln

City State Zip Code
 Wilmette IL 60091

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jelmar, Inc

Occupation
Lawyer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 0 / 2 0 0 6

Transaction ID: SA11A1.4869

Amount of Each Receipt this Period

450.00

Full Name (Last, First, Middle Initial)

B. Marcia Fields

Mailing Address 1170 Westmoor

City State Zip Code
 Winnetka IL 60093

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 3 / 2 0 0 6

Transaction ID: SA11A1.4791

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Suzanne Fried

Mailing Address 660 Winnetka Mews

City State Zip Code
 Winnetka IL 60093

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 9 / 2 0 0 6

Transaction ID: SA11A1.4614

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 53

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New TrierDemocratic Org-Fed

A. Full Name (Last, First, Middle Initial)
Ruth Goldman
Mailing Address 1630 Sheridan Rd.#4M

City State Zip Code
Wilmette IL 60091

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Attny

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 0 / 2 0 0 6

Transaction ID: SA11A1.4873

Amount of Each Receipt this Period

300.00

B. Full Name (Last, First, Middle Initial)
Barbara Grant
Mailing Address 1165 Hamptondale

City State Zip Code
Winnetka IL 60093

FEC ID number of contributing
federal political committee.

C

Name of Employer
Housewife

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 0 / 2 0 0 6

Transaction ID: SA11A1.4876

Amount of Each Receipt this Period

350.00

C. Full Name (Last, First, Middle Initial)
Nancy Grant
Mailing Address 429 Provident

City State Zip Code
Winnetka IL 60093

FEC ID number of contributing
federal political committee.

C

Name of Employer
Housewife

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 0 / 2 0 0 6

Transaction ID: SA11A1.4878

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 53

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New TrierDemocratic Org-Fed

Full Name (Last, First, Middle Initial)

A. James Greenberger

Mailing Address 620 Gregory

City

Wilmette

State

IL

Zip Code

60091

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sachnoff & Weaver

Occupation

Attny

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 6

Transaction ID: SA11A1.4825

Amount of Each Receipt this Period

450.00

Full Name (Last, First, Middle Initial)

B. James D. Griffith

Mailing Address 1210 Glenndenning Rd

City

Wilmette

State

IL

Zip Code

60091

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 6 / 2 0 0 6

Transaction ID: SA11A1.4629

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. James D. Griffith

Mailing Address 1210 Glenndenning Rd

City

Wilmette

State

IL

Zip Code

60091

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.4894

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 53

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New TrierDemocratic Org-Fed

A. Full Name (Last, First, Middle Initial) Harriet Hahn		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 370 Walnut		Transaction ID: SA11A1.4835
City Winnetka	State IL	Zip Code 60093
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer Retired	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

B. Full Name (Last, First, Middle Initial) H. Higgins		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 0 1 / 2 0 0 6
Mailing Address 329 Woodland		Transaction ID: SA11A1.4410
City Winnetka	State IL	Zip Code 60093
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Retired	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C. Full Name (Last, First, Middle Initial) Paul Homer		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 1193 Terrace Ct		Transaction ID: SA11A1.4868
City Glencoe	State IL	Zip Code 60022
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 53

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New TrierDemocratic Org-Fed

A. Full Name (Last, First, Middle Initial)

Betty Jacobs

Mailing Address 625 Maple

City State Zip Code
 Wilmette IL 60091

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 0 1 / 2 0 0 6

Transaction ID: SA11A1.4414

Amount of Each Receipt this Period

300.00

B. Full Name (Last, First, Middle Initial)

Joni Johnson

Mailing Address 888 Tower Rd

City State Zip Code
 Winnetka IL 60093

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 0 7 / 2 0 0 6

Transaction ID: SA11A1.4480

Amount of Each Receipt this Period

300.00

C. Full Name (Last, First, Middle Initial)

Joni Johnson

Mailing Address 888 Tower Rd

City State Zip Code
 Winnetka IL 60093

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 0 / 2 0 0 6

Transaction ID: SA11A1.4897

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 53

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New TrierDemocratic Org-Fed

A. Full Name (Last, First, Middle Initial)

John Kessler

Mailing Address 860 Oak St

City State Zip Code
 Winnetka IL 60093

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 0 1 / 2 0 0 6

Transaction ID: SA11A1.4474

Amount of Each Receipt this Period

300.00

B. Full Name (Last, First, Middle Initial)

Mark N. Kraemer

Mailing Address 430 Laurel

City State Zip Code
 Wilmette IL 60091

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chicago symphony Orchestra

Occupation
Musician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 0 2 / 2 0 0 6

Transaction ID: SA11A1.4578

Amount of Each Receipt this Period

300.00

C. Full Name (Last, First, Middle Initial)

Fred Lane

Mailing Address 1092 Bluff Rd

City State Zip Code
 Glencoe IL 60022

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Atty

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 1 3 / 2 0 0 6

Transaction ID: SA11A1.4799

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 53

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New TrierDemocratic Org-Fed

A. Full Name (Last, First, Middle Initial)
Sheila Leonard
Mailing Address 412 Cumnor Rd

City State Zip Code
Kenilworth IL 60043

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 0 6

Transaction ID: SA11A1.4606

Amount of Each Receipt this Period

300.00

B. Full Name (Last, First, Middle Initial)
Sheila Leonard
Mailing Address 412 Cumnor Rd

City State Zip Code
Kenilworth IL 60043

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 6

Transaction ID: SA11A1.4837

Amount of Each Receipt this Period

450.00

C. Full Name (Last, First, Middle Initial)
Mitchell Lifson

Mailing Address 130 Lakeside Pl

City State Zip Code
Highland Park IL 60035

FEC ID number of contributing
federal political committee.

C

Name of Employer
State of Ill

Occupation
Legislative Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 3 / 2 0 0 6

Transaction ID: SA11A1.4777

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 53

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New TrierDemocratic Org-Fed

A. Full Name (Last, First, Middle Initial)

James P. Martin

Mailing Address 672 Lincoln

City State Zip Code
 Winnetka IL 60093

FEC ID number of contributing
federal political committee.

C

Name of Employer
James Martin & Co.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 9 / 2 0 0 6

Transaction ID: SA11A1.4608

Amount of Each Receipt this Period

300.00

B. Full Name (Last, First, Middle Initial)

Harriet Meyer

Mailing Address 610 8th St

City State Zip Code
 Wilmette IL 60091

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self employed

Occupation
Medical Writer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 3 / 2 0 0 6

Transaction ID: SA11A1.4779

Amount of Each Receipt this Period

550.00

C. Full Name (Last, First, Middle Initial)

Elaine Nekritz

Mailing Address 3 Court of Island Pt

City State Zip Code
 Northbrook IL 60062

FEC ID number of contributing
federal political committee.

C

Name of Employer
State of Ill

Occupation
Representative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 5 / 2 0 0 6

Transaction ID: SA11A1.4860

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 53

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New TrierDemocratic Org-Fed

A. Full Name (Last, First, Middle Initial)
Les & Doris Ordman

Mailing Address 120 Crescent Dr

City State Zip Code
 Glencoe IL 60022

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.4946

Amount of Each Receipt this Period

350.00

B. Full Name (Last, First, Middle Initial)
George & Mary Pearce

Mailing Address 1114 Forest

City State Zip Code
 Wilmette IL 60091

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Lawyer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.4951

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Kerry Peck

Mailing Address 3131 Central

City State Zip Code
 Wilmette IL 60091

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Attny

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 0 6 / 2 0 0 6

Transaction ID: SA11A1.4773

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 53

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New TrierDemocratic Org-Fed

A. Full Name (Last, First, Middle Initial) June B Pinsof Mailing Address 1420 Sheridan Rd Apt 3F City Wilmette State IL Zip Code 60091 FEC ID number of contributing federal political committee. C Name of Employer Retired Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt MM / DD / YYYY 07 / 01 / 2006 Transaction ID: SA11A1.4444 Amount of Each Receipt this Period 300.00
B. Full Name (Last, First, Middle Initial) Michael A. Pope Mailing Address 544 Park Ave City Glencoe State IL Zip Code 60022 FEC ID number of contributing federal political committee. C Name of Employer Mc Dermott, Will & Emery Occupation Attny Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt MM / DD / YYYY 08 / 09 / 2006 Transaction ID: SA11A1.4610 Amount of Each Receipt this Period 300.00
C. Full Name (Last, First, Middle Initial) Dan Roin Mailing Address 1225 Westmoor Rd City Winnetka State IL Zip Code 60093 FEC ID number of contributing federal political committee. C Name of Employer Retired Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt MM / DD / YYYY 07 / 01 / 2006 Transaction ID: SA11A1.4448 Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 53

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New TrierDemocratic Org-Fed

A. Full Name (Last, First, Middle Initial)
Daron Romanek
Mailing Address 1716 Washington

City State Zip Code
Wilmette IL 60091

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Attny

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 1 / 2 0 0 6

Transaction ID: SA11A1.4639

Amount of Each Receipt this Period

300.00

B. Full Name (Last, First, Middle Initial)
John & Mary Ryan
Mailing Address 3136 Sprucewood

City State Zip Code
Wilmette IL 60091

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 6

Transaction ID: SA11A1.4862

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Arthur Samuels
Mailing Address 1202 Ash St

City State Zip Code
Winnetka IL 60093

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cook County

Occupation
States's Attorney,asst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 0 / 2 0 0 6

Transaction ID: SA11A1.4908

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 53

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New TrierDemocratic Org-Fed

A. Full Name (Last, First, Middle Initial)

Mary Ann Savard

Mailing Address 802 Ashland

City State Zip Code
 Wilmette IL 60091

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 0 1 / 2 0 0 6

Transaction ID: SA11A1.4541

Amount of Each Receipt this Period

300.00

B. Full Name (Last, First, Middle Initial)

Thelma Brook Simon

Mailing Address 3119 Wilmette Ave

City State Zip Code
 Wilmette IL 60091

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation
Lawyer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 5 / 2 0 0 6

Transaction ID: SA11A1.4864

Amount of Each Receipt this Period

200.00

C. Full Name (Last, First, Middle Initial)

Peggy Slater

Mailing Address 560 Ash

City State Zip Code
 Winnetka IL 60093

FEC ID number of contributing
federal political committee.

C

Name of Employer
DCFS-Illinois

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 5 / 2 0 0 6

Transaction ID: SA11A1.4852

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 53

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New TrierDemocratic Org-Fed

A. Full Name (Last, First, Middle Initial) Lois Solomon		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 2 / 2 0 0 6
Mailing Address 1318 Isabella		Transaction ID: SA11A1.4580
City Wilmette	State IL	Zip Code 60091
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Retired	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B. Full Name (Last, First, Middle Initial) Stanley M Stevens		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Mailing Address 2109 Chestnut		Transaction ID: SA11A1.4633
City Wilmette	State IL	Zip Code 60091
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Equity Properties	Occupation Attny	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C. Full Name (Last, First, Middle Initial) Mary Stowell		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 101 Woodley Rd		Transaction ID: SA11A1.4855
City Winnetka	State IL	Zip Code 60093
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 450.00
Name of Employer Self employed	Occupation Lawyer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1450.00	

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 53

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New TrierDemocratic Org-Fed

A. Full Name (Last, First, Middle Initial)
Bernard Susman
Mailing Address 1370 Sunview Ln

City State Zip Code
Winnetka IL 60093

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Real Estate Developer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.4957

Amount of Each Receipt this Period

350.00

B. Full Name (Last, First, Middle Initial)
David Suttle, Jr.
Mailing Address 505 Grove

City State Zip Code
Glencoe IL 60022

FEC ID number of contributing
federal political committee.

C

Name of Employer
Natl School Towel

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 0 / 2 0 0 6

Transaction ID: SA11A1.4892

Amount of Each Receipt this Period

350.00

C. Full Name (Last, First, Middle Initial)
Mari Terman
Mailing Address 941 Sheridan Rd

City State Zip Code
Wilmette IL 60091

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 7 / 2 0 0 6

Transaction ID: SA11A1.4533

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 53

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New TrierDemocratic Org-Fed

A. Full Name (Last, First, Middle Initial)
Betty K. Weinberger

Mailing Address 362 Jackson

City State Zip Code
 Glencoe IL 60022

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 6 / 2 0 0 6

Transaction ID: SA11A1.4635

Amount of Each Receipt this Period

300.00

B. Full Name (Last, First, Middle Initial)
Betty K. Weinberger

Mailing Address 362 Jackson

City State Zip Code
 Glencoe IL 60022

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.4968

Amount of Each Receipt this Period

350.00

C. Full Name (Last, First, Middle Initial)
Gertrude Weiss

Mailing Address 2270 Crestview Ln

City State Zip Code
 Wilmette IL 60091

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 5 / 2 0 0 6

Transaction ID: SA11A1.4857

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 53

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New TrierDemocratic Org-Fed

A. Full Name (Last, First, Middle Initial)

Leslie Weyhrich

Mailing Address 1018 Elmwood

City State Zip Code
Wilmette IL 60091

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 3 / 2 0 0 6

Transaction ID: SA11A1.4801

Amount of Each Receipt this Period

300.00

B. Full Name (Last, First, Middle Initial)

Fran Wollack

Mailing Address 1420 Sheridan Rd.#8A

City State Zip Code
Wilmette IL 60091

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 6 / 2 0 0 6

Transaction ID: SA11A1.4627

Amount of Each Receipt this Period

300.00

C. Full Name (Last, First, Middle Initial)

Fran Wollack

Mailing Address 1420 Sheridan Rd.#8A

City State Zip Code
Wilmette IL 60091

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.4967

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

725.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 53

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New TrierDemocratic Org-Fed

A. Full Name (Last, First, Middle Initial)
Babette Zacharias

Mailing Address 755 Sheridan Rd

City State Zip Code
Winnetka IL 60093

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Housewife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.4969

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

23425.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 53

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New TrierDemocratic Org-Fed

A. Full Name (Last, First, Middle Initial) Friends of Julie Hamos		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 7 / 2 0 0 6	
Mailing Address 820 Davis St		Transaction ID: SA11C.4524	
City Evanston	State IL	Amount of Each Receipt this Period 250.00	
Zip Code 60201			
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	
B. Full Name (Last, First, Middle Initial) Friends of Julie Hamos		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 0 / 2 0 0 6	
Mailing Address 820 Davis St		Transaction ID: SA11C.4906	
City Evanston	State IL	Amount of Each Receipt this Period 250.00	
Zip Code 60201			
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

500.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 32 / 53

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

New TrierDemocratic Org-Fed

Full Name (Last, First, Middle Initial)

A. William Brandt

Mailing Address 1134 Sheridan Rd

City
Winnetka

State
IL

Zip Code
60093-1588

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

eneral

Transaction ID: SB23.4566

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dan DAN SEALS FOR CONGRESS

Mailing Address PO BOX 784

City
GLENVIEW

State
IL

Zip Code
60025

Purpose of Disbursement
Campaign Contribution

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 10

Transaction ID: SB23.4714

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Friends Friends of Phil Hare

Mailing Address 313-17 th st

City
Rock Island

State
IL

Zip Code
61202

Purpose of Disbursement
Campaign Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.4668

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 33 / 53

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

New TrierDemocratic Org-Fed

Full Name (Last, First, Middle Initial)

A. John John Pavich

Mailing Address 260 Maple St

City
Beecher

State
IL

Zip Code
60401

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 11

Transaction ID: SB23.4924

Date of Disbursement

/ /

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. Melissa Bean Melissa Bean For Congress

Mailing Address POB 3068

City
Barrington

State
IL

Zip Code
60001

Purpose of Disbursement
General election

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.4666

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. P.C P.C.Signs

Mailing Address 2534 Commerce Blvd

City
Cincinnati

State
OH

Zip Code
45241

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Transaction ID: SB23.4570

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2609.83

SUBTOTAL of Disbursements This Page (optional)

3859.83

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 34 / 53

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
New TrierDemocratic Org-Fed

Full Name (Last, First, Middle Initial)

A. Progressive Choice PAC

Mailing Address 820 Davis St

City Evanston State IL Zip Code 60201

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.4573

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Progressive Choice Pac

Mailing Address 820 Davis st

City Evanston State IL Zip Code 60201

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.4708

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4500.00

Full Name (Last, First, Middle Initial)

C. Terry Duckworth Terry Duckworth For Congress

Mailing Address 416 W, 72Nd st

City Lombard State IL Zip Code 60148

Purpose of Disbursement
Campaign Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.4670

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

12359.83

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 35 / 53

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
New TrierDemocratic Org-Fed

Full Name (Last, First, Middle Initial)

A. Chase Credit Card Services

Mailing Address POB 15298

City Wilmington State DE Zip Code 19850-5298

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB29.4724

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5.48

B. Lake Lake County Demo Org

Mailing Address 709 North Ave

City Waukegan State IL Zip Code 60085

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB29.4727

Date of Disbursement

/ /

Amount of Each Disbursement this Period

75.00

C. MSn Promo MSN Promotions

Mailing Address 4435 N Damen

City Chicago State IL Zip Code 60625

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB29.4719

Date of Disbursement

/ /

Amount of Each Disbursement this Period

45.00

SUBTOTAL of Disbursements This Page (optional)

125.48

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 36 / 53

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

New TrierDemocratic Org-Fed

Full Name (Last, First, Middle Initial)

A. Teranet Teranet Consulting

Mailing Address POB 6151

City
Lindenhurst

State
IL

Zip Code
60046

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB29.4746

Date of Disbursement

/ /

Amount of Each Disbursement this Period

30.00

Full Name (Last, First, Middle Initial)

B. Teranet Teranet Consulting

Mailing Address POB 6151

City
Lindenhurst

State
IL

Zip Code
60046

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB29.4744

Date of Disbursement

/ /

Amount of Each Disbursement this Period

15.00

SUBTOTAL of Disbursements This Page (optional)

45.00

TOTAL This Period (last page this line number only)

170.48

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 37 / 53

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) New TrierDemocratic Org-Fed		FEC IDENTIFICATION NUMBER ▼ C C00422519	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee AT&T		Date M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 0 6	
Mailing Address Bill Payment Center		Amount 19.36	
City State Zip Code Saginaw MI 48663-0003		Transaction ID: SE24.4557	
Purpose of Expenditure Telephone Bill		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1449.20			
Full Name (Last, First, Middle, Initial) of Payee AT&T		Date M M / D D / Y Y Y Y 0 8 / 1 4 / 2 0 0 6	
Mailing Address Bill Payment Center		Amount 55.45	
City State Zip Code Saginaw MI 48663-0003		Transaction ID: SE24.4701	
Purpose of Expenditure Telephone Bill		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 2714.08			
(a) SUBTOTAL of Itemized Independent Expenditures		74.81	
(b) SUBTOTAL of Unitemized Independent Expenditures		52.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Marvin Miller Signature		Date M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 7	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 38 / 53

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) New TrierDemocratic Org-Fed		FEC IDENTIFICATION NUMBER ▼ C C00422519	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee AT&T		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY 09 / 18 / 2006</div> </div>	
Mailing Address Bill Payment Center		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">65.40</div>	
City Saginaw		Transaction ID: SE24.4978	
State MI		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Zip Code 48663-0003		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Purpose of Expenditure Telephone Bill		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Category/ Type			
001			
Name of Federal Candidate supported or Opposed by expenditure:			
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">4118.21</div>	
Full Name (Last, First, Middle, Initial) of Payee Bess Bess Hardware		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY 08 / 20 / 2006</div> </div>	
Mailing Address 1875 Willow Rd		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3.96</div>	
City Northfield		Transaction ID: SE24.4656	
State IL		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Zip Code 60093		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Purpose of Expenditure Office Supplies		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Category/ Type			
001			
Name of Federal Candidate supported or Opposed by expenditure:			
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">2735.03</div>	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;">69.36</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;">52.00</div>	
(c) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>	
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>			
Marvin Miller Signature		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY 05 / 24 / 2007</div> </div>	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 39 / 53

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) New TrierDemocratic Org-Fed		FEC IDENTIFICATION NUMBER ▼ C C00422519	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Chase Credit Card Services		Date M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 6	
Mailing Address POB 15298		Amount 5.38	
City State Zip Code Wilmington DE 19850-5298		Transaction ID: SE24.4555	
Purpose of Expenditure Office Supplies		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1261.09			
Full Name (Last, First, Middle, Initial) of Payee Chase Credit Card Services		Date M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 6	
Mailing Address POB 15298		Amount 5.36	
City State Zip Code Wilmington DE 19850-5298		Transaction ID: SE24.4928	
Purpose of Expenditure Office Supplies		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 4022.81			
(a) SUBTOTAL of Itemized Independent Expenditures		10.74	
(b) SUBTOTAL of Unitemized Independent Expenditures		52.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Marvin Miller Signature		Date M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 7	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 40 / 53

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) New TrierDemocratic Org-Fed		FEC IDENTIFICATION NUMBER ▼ C C00422519	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Jeff Citizens Jeff Schoenberg		Date M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 6	
Mailing Address 820 Davis		Amount 500.00	
City State Zip Code Evanston IL 60201		Transaction ID: SE24.4926	
Purpose of Expenditure Political Contribution-ill state Senator		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 011		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 4017.45			
Full Name (Last, First, Middle, Initial) of Payee Duographix,Inc		Date M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 6	
Mailing Address 1803 Wabansia-B		Amount 58.87	
City State Zip Code Chicago IL 60622		Transaction ID: SE24.4546	
Purpose of Expenditure Computer Maintenance		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1242.01			
(a) SUBTOTAL of Itemized Independent Expenditures		558.87	
(b) SUBTOTAL of Unitemized Independent Expenditures		52.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Marvin Miller Signature		Date M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 7	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 41 / 53

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) New TrierDemocratic Org-Fed		FEC IDENTIFICATION NUMBER ▼ C C00422519	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Duographix,Inc		Date MM / DD / YYYY 08 / 09 / 2006	
Mailing Address 1803 Wabansia-B		Amount 18.94	
City State Zip Code Chicago IL 60622		Transaction ID: SE24.4659	
Purpose of Expenditure Computer Maint		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1711.36			
Full Name (Last, First, Middle, Initial) of Payee Duographix,Inc		Date MM / DD / YYYY 09 / 05 / 2006	
Mailing Address 1803 Wabansia-B		Amount 100.50	
City State Zip Code Chicago IL 60622		Transaction ID: SE24.4913	
Purpose of Expenditure Computer Maint		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 3233.55			
(a) SUBTOTAL of Itemized Independent Expenditures		119.44	
(b) SUBTOTAL of Unitemized Independent Expenditures		52.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Marvin Miller Signature		Date MM / DD / YYYY 05 / 24 / 2007	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 42 / 53

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) New TrierDemocratic Org-Fed		FEC IDENTIFICATION NUMBER ▼ C C00422519	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Evanston Bond & Mortgage		Date M M / D D / Y Y Y Y 0 7 / 0 3 / 2 0 0 6	
Mailing Address 1732 Orington		Amount 168.75	
City State Zip Code Evanston IL 60201		Transaction ID: SE24.4545	
Purpose of Expenditure Office rent		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1429.84			
Full Name (Last, First, Middle, Initial) of Payee Evanston Bond & Mortgage		Date M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6	
Mailing Address 1732 Orington		Amount 168.75	
City State Zip Code Evanston IL 60201		Transaction ID: SE24.4655	
Purpose of Expenditure Office rent		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1629.19			
(a) SUBTOTAL of Itemized Independent Expenditures		337.50	
(b) SUBTOTAL of Unitemized Independent Expenditures		52.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Marvin Miller Signature		Date M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 7	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 43 / 53

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) New TrierDemocratic Org-Fed		FEC IDENTIFICATION NUMBER ▼ C C00422519	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Evanston Bond & Mortgage		Date M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 6	
Mailing Address 1732 Orington		Amount 168.75	
City State Zip Code Evanston IL 60201		Transaction ID: SE24.4910	
Purpose of Expenditure Office rent		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 2903.78			
Full Name (Last, First, Middle, Initial) of Payee Federal Express		Date M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 6	
Mailing Address 3875 Airways Blvd Module H		Amount 5.58	
City State Zip Code Memphis TN 38116		Transaction ID: SE24.4551	
Purpose of Expenditure FEC Filing		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1247.59			
(a) SUBTOTAL of Itemized Independent Expenditures		174.33	
(b) SUBTOTAL of Unitemized Independent Expenditures		52.00	
(c) TOTAL Independent Expenditures			
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>			
Marvin Miller _____ Signature		Date M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 7	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 44 / 53

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) New TrierDemocratic Org-Fed		FEC IDENTIFICATION NUMBER ▼ C C00422519	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Friends of Julie Hamos		Date MM / DD / YYYY 08 / 09 / 2006	
Mailing Address 820 Davis St		Amount 75.00	
City State Zip Code Evanston IL 60201		Transaction ID: SE24.4679	
Purpose of Expenditure Campaign Contribution- n-III State Rep		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/ Type 011		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1861.36			
Full Name (Last, First, Middle, Initial) of Payee Glencoe PO Glencoe Post Office		Date MM / DD / YYYY 09 / 05 / 2006	
Mailing Address 336 Hazel		Amount 11.70	
City State Zip Code Glencoe IL 60022		Transaction ID: SE24.4915	
Purpose of Expenditure Postage		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/ Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 3362.25			
(a) SUBTOTAL of Itemized Independent Expenditures		86.70	
(b) SUBTOTAL of Unitemized Independent Expenditures		52.00	
(c) TOTAL Independent Expenditures			
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>			
Marvin Miller Signature		Date MM / DD / YYYY 05 / 24 / 2007	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 45 / 53

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) New TrierDemocratic Org-Fed		FEC IDENTIFICATION NUMBER ▼ C C00422519	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Nels Howard & Howard		Date M M / D D / Y Y Y Y 0 9 / 1 7 / 2 0 0 6	
Mailing Address 831 Hibbard		Amount 30.00	
City State Zip Code Wilmette IL 60091		Transaction ID: SE24.4979	
Purpose of Expenditure Graphic design-Political Flyer		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 006		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 4052.81			
Full Name (Last, First, Middle, Initial) of Payee Jone Seal Promo Jone Seal Promotions		Date M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6	
Mailing Address 7900N Nagle		Amount 63.23	
City State Zip Code Morton Grove IL 60053		Transaction ID: SE24.4943	
Purpose of Expenditure Village Fair-Ballons		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 006		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1692.42			
(a) SUBTOTAL of Itemized Independent Expenditures		93.23	
(b) SUBTOTAL of Unitemized Independent Expenditures		52.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Marvin Miller Signature		Date M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 7	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 46 / 53

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) New TrierDemocratic Org-Fed		FEC IDENTIFICATION NUMBER ▼ C C00422519	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Patrick Keenan-Devlin		Date MM / DD / YYYY 09 / 11 / 2006	
Mailing Address 551 Hinman.#F3		Amount 67.50	
City Evanston State IL Zip Code 60202		Transaction ID: SE24.4921	
Purpose of Expenditure Office Salary		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 3517.45			
Full Name (Last, First, Middle, Initial) of Payee Kinkos, Inc Kinko's		Date MM / DD / YYYY 08 / 11 / 2006	
Mailing Address 2518 Green Bay Rd		Amount 8.30	
City Evanston State IL Zip Code 60201		Transaction ID: SE24.4697	
Purpose of Expenditure Copying-Office Supplies		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 2574.06			
(a) SUBTOTAL of Itemized Independent Expenditures		75.80	
(b) SUBTOTAL of Unitemized Independent Expenditures		52.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Marvin Miller Signature		Date MM / DD / YYYY 05 / 24 / 2007	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 47 / 53

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) New TrierDemocratic Org-Fed		FEC IDENTIFICATION NUMBER ▼ C C00422519	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Kinkos,Inc Kinko's		Date MM / DD / YYYY 09 / 06 / 2006	
Mailing Address 2518 Green Bay Rd		Amount 7.61	
City State Zip Code Evanston IL 60201		Transaction ID: SE24.4917	
Purpose of Expenditure Copying-Office suppl-ies		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 3369.86			
Full Name (Last, First, Middle, Initial) of Payee Moraine Cty Democrats		Date MM / DD / YYYY 08 / 11 / 2006	
Mailing Address 580 Roger Williams		Amount 75.00	
City State Zip Code Highland Park IL 60035		Transaction ID: SE24.4733	
Purpose of Expenditure Politcal Contribution		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 011		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 2649.06			
(a) SUBTOTAL of Itemized Independent Expenditures		82.61	
(b) SUBTOTAL of Unitemized Independent Expenditures		52.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Marvin Miller Signature		Date MM / DD / YYYY 05 / 24 / 2007	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 48 / 53

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) New TrierDemocratic Org-Fed		FEC IDENTIFICATION NUMBER ▼ C C00422519	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Network Solutions		Date M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 6	
Mailing Address 1803 Wabansia-B		Amount 11.24	
City State Zip Code chicago IL 60622		Transaction ID: SE24.4558	
Purpose of Expenditure Computer Maint		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1460.44			
Full Name (Last, First, Middle, Initial) of Payee North Shore North Shore Printers		Date M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 6	
Mailing Address 535 So. Sheridan Rd		Amount 229.27	
City State Zip Code Waukegan IL 60085		Transaction ID: SE24.4911	
Purpose of Expenditure Printing		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 007		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 3133.05			
(a) SUBTOTAL of Itemized Independent Expenditures		240.51	
(b) SUBTOTAL of Unitemized Independent Expenditures		52.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Marvin Miller Signature		Date M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 7	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 49 / 53

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) New TrierDemocratic Org-Fed		FEC IDENTIFICATION NUMBER ▼ C C00422519	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Quill, Inc		Date MM / DD / YYYY 08 / 11 / 2006	
Mailing Address Quill		Amount 9.57	
City Palatine State IL Zip Code 60094-4081		Transaction ID: SE24.4740	
Purpose of Expenditure Office Supplies		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 2658.63			
Full Name (Last, First, Middle, Initial) of Payee R.H. Donnelly		Date MM / DD / YYYY 09 / 09 / 2006	
Mailing Address 200 E. Randolph St		Amount 7.35	
City Chicago State IL Zip Code 60601		Transaction ID: SE24.4919	
Purpose of Expenditure Phone Listings		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 3406.46			
(a) SUBTOTAL of Itemized Independent Expenditures		16.92	
(b) SUBTOTAL of Unitemized Independent Expenditures		52.00	
(c) TOTAL Independent Expenditures			
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>			
Marvin Miller Signature		Date MM / DD / YYYY 05 / 24 / 2007	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 50 / 53

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) New TrierDemocratic Org-Fed		FEC IDENTIFICATION NUMBER ▼ C C00422519	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Ready Hosting, Inc Ready Hosting		Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6</div> </div>	
Mailing Address 6127 Green Bay Rd		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">16.99</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Kenosha</div> <div>State WI</div> <div>Zip Code 53140</div> </div>		Transaction ID: SE24.4705	
Purpose of Expenditure T-shirts for Village Fair		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 006		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">2731.07</div>			
Full Name (Last, First, Middle, Initial) of Payee Renaissance Renaissance N.S. Hotel		Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 6</div> </div>	
Mailing Address 933 Skokie Blvd		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">704.40</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Northbrook</div> <div>State IL</div> <div>Zip Code 60062</div> </div>		Transaction ID: SE24.4736	
Purpose of Expenditure Deposit		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 007		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">2565.76</div>			
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;">721.39</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;">52.00</div>	
(c) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>	
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 40%;"> <p>Marvin Miller</p> <p>Signature</p> </div> <div style="width: 20%;"> <p>Date</p> </div> <div style="width: 30%;"> <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 7</div> </div> </div> </div>			

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 51 / 53

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) New TrierDemocratic Org-Fed		FEC IDENTIFICATION NUMBER ▼ C C00422519	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Ross,Judiith		Date M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 6	
Mailing Address 8725 N Springfield		Amount 75.00	
City State Zip Code Skokie IL 60076		Transaction ID: SE24.4677	
Purpose of Expenditure Support-County Munic- ipal Office		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/ Type 011		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1786.36			
Full Name (Last, First, Middle, Initial) of Payee Staples		Date M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 6	
Mailing Address 1509 Waukegan		Amount 8.12	
City State Zip Code Glenview IL 60025		Transaction ID: SE24.4553	
Purpose of Expenditure Office Supplies		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/ Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1255.71			
(a) SUBTOTAL of Itemized Independent Expenditures		83.12	
(b) SUBTOTAL of Unitemized Independent Expenditures		52.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Marvin Miller Signature		Date M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 7	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 52 / 53

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) New TrierDemocratic Org-Fed		FEC IDENTIFICATION NUMBER ▼ C C00422519	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Staples		Date M M / D D / Y Y Y Y 0 9 / 1 0 / 2 0 0 6	
Mailing Address 1509 Waukegan		Amount 43.49	
City State Zip Code Glenview IL 60025		Transaction ID: SE24.4920	
Purpose of Expenditure Office Supplies		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 3449.95			
Full Name (Last, First, Middle, Initial) of Payee Teranet Teranet Consulting		Date M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 6	
Mailing Address POB 6151		Amount 30.00	
City State Zip Code Lindenhurst IL 60046		Transaction ID: SE24.4981	
Purpose of Expenditure Computer Maint		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 4148.21			
(a) SUBTOTAL of Itemized Independent Expenditures		73.49	
(b) SUBTOTAL of Unitemized Independent Expenditures		52.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Marvin Miller Signature		Date M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 7	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 53 / 53

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) New TrierDemocratic Org-Fed		FEC IDENTIFICATION NUMBER ▼ C C00422519	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Winnetka Chamber of Commerce		Date M M / D D / Y Y Y Y 0 9 / 0 9 / 2 0 0 6	
Mailing Address 841 Spruce		Amount 29.25	
City State Zip Code Winnetka IL 60093		Transaction ID: SE24.4918	
Purpose of Expenditure Community Support		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 3399.11			
Full Name (Last, First, Middle, Initial) of Payee Winnetka Post Office		Date M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6	
Mailing Address 512 Chestnut		Amount 117.00	
City State Zip Code Winnetka IL 60093		Transaction ID: SE24.4914	
Purpose of Expenditure Postage		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 3350.55			
(a) SUBTOTAL of Itemized Independent Expenditures		146.25	
(b) SUBTOTAL of Unitemized Independent Expenditures		52.00	
(c) TOTAL Independent Expenditures		3017.07	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Marvin Miller Signature		Date M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 7	